

Sea King Fall Spirit Clinic

Hosted by the 2019-2020 PVHS Cheer & Song Teams



Who: Future Sea Kings, grades TK-8

Clinic: Tuesday & Wednesday, September 17 & 18, 2019 from 3:30-5:00 p.m.

Location: Sea King Park

(In front of the stage, in the middle of the school)

Wear: Tennis shoes, shorts, t-shirt, sweatshirt (if it's cold) AND bring water!

Game: Thursday, September 19, 2019

Meet: 3:00-3:30 p.m. at the side entrance to the football field (closest to the snack shack.)

Wear: Shorts or skirt. T-shirt will be provided.

Perform: Half-time of the JV Football game!

Cost: \$40

Includes: Instruction from the PVHS Cheer & Song Teams

T-shirt, shaker poms, tattoo and bows! Snacks and fun!

*****Mail this permission form along with a check made out to: **PVHS ASB for \$40** no later than Monday, September 16th 2019 to: Palos Verdes High School

attn: Jama Maxfield,

600 Cloyden Rd.

Palos Verdes Estates, CA 90278.

Child's name _____

Parent name _____

Youth/Adult T-shirt size: _____

Contact #: _____

(please circle one)

School/Grade: _____

Parent Email: _____

****Please sign the liability waiver on the back as well****

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY ACTIVITY/PROGRAM**

Student's Name: _____ School: _____

Description of Activity/Program: _____

Date(s) of Activity/Program: _____

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. **I realize that this activity is voluntary and is not a mandated requirement of the Palos Verdes Peninsula Unified School District's (District) curriculum or extra curricular program. I further acknowledge that no supervision is being provided by the District and that the District assumes no responsibility for any transportation arrangements.** The undersigned is specifically aware, and confirms by executing this document that they are aware that participation in such an activity presents a risk of personal injury, bodily injury, property damage or wrongful death, and that the undersigned's child may injure himself or herself, or be injured by other participants related to the activity. The undersigned is aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the Palos Verdes Peninsula Unified School District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action. The foregoing waiver does not apply in the event of the sole negligence or willful misconduct of the District.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide medical coverage for participants in this activity.

Parent/Guardian Signature Date

Student's Signature

Parent/Guardian Name (Please Print)

Student's Name (Please Print)

Street Address

City State Zip Code

Home Telephone Number

Work Telephone Number

Principal / Designee Signature _____